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APPLICANTS

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**\*\* CONTINUING DATA \*\*** *PS*

This application is a DIV of 10/254,197 09/24/2002 PAT 6,861,439  
 which is a DIV of 09/820,199 03/28/2001 PAT 6,586,414  
 which claims benefit of 60/192,774 03/28/2000

**\*\* FOREIGN APPLICATIONS \*\*** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
**\*\* 03/15/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CANADA	SHEETS DRAWING 4	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
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TITLE  
 Treatment of cerebrovascular disease

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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